

## **Max Rady College of Medicine**

## **Postgraduate Medical Education**

## **Probation Agreement – Part A2**

## **EXTENDED PROBATION ROTATION**

**University of Manitoba, Max Rady College of Medicine**

## **1. IDENTIFICATION OF PARTICIPANTS**

This form has been completed by the Probation Supervisor/Preceptor, and the Residency Program Director, regarding the following Resident:

Dr. Click here to enter text. (hereafter referred to as the resident), a resident enrolled in the Click here to enter text. Program, which is a Time-Based Program or CBD/CCC Program, who required a Probation in Click here to enter text.. The dates of the original Probation were from Click here to enter text. to Click here to enter text. inclusive.

### **2. RATIONALE FOR EXTENSION OF PROBATION**

Taking all of the specific information below into account, the Resident’s performance on this Probation has demonstrated progress but has not yet satisfied or accomplished the goals of the Probation as outlined in the **Probation Agreement – Part A – Table 1.**

The recommendation of the Residency Program Committee to the Associate Dean, PGME is:

Extension of the Probation to meet specific objectives and/or to provide specific resources not provided by this Probation rotation, as detailed in the below supplementary Probation Agreement (sections 2-5).

The dates of the extended Probation are from Click here to enter text. to Click here to enter text. inclusive.

The Probation Supervisor will be Dr. Click here to enter text..

The anticipated revised End of Training Date is Click here to enter text..

The anticipated revised Step Change Date is Click here to enter text..

This extension of Probation rotation is required on the basis of one or more of the following:

Failure to achieve a satisfactory level of competence during the original Probation timeframe

Failure to demonstrate competence in one or more EPAs or curriculum element within the prescribed maximum allowable timeframe

Consistent deficiencies identified on the resident’s summary assessment completed on Click here to enter text.

An unsatisfactory or a failing grade on a Residency Program examination taken on Click here to enter text.

A single egregious event or failure to maintain the standards of professionalism as described in the University of Manitoba, Max Rady College of Medicine, standards of ethical and professional behavior, including, in particular the following issues:

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

**3. PURPOSE/OBJECTIVES OF THE EXTENDED PROBATION**

The purpose of the Extended Probation includes the following:

To provide a period of focused education to enable the Resident to meet the Goals and Objectives/Competencies of the Click here to enter text. Program for PGY Click here to enter text. Level

To provide a period of focused education to enable the Resident to attain and demonstrate competence in ­­­­­­­­­­­­­­ Click here to enter text. (list specific EPA(s) being remediated)

To undertake a focused assessment of clinical, technical, communication or other skill

To provide a period of focused education to: (Please complete fillable box)

Click here to enter text.

Other: (Please complete fillable box)

Click here to enter text.

## **4. EXTENDED PROBATION PLAN/FOCUSED LEARNING PLAN**

During the Extended Probation, the Resident agrees to:

1. Continue to meet all of the goals and objectives of the Residency Program appropriate to the level of training.

2. Continue to meet all specific rotational goals and objectives of the particular rotation, EPA or other curricular element for which Probation is required (if any).

3. Meet the specific Probation Plan goals and objectives outlined in **Part A2 -** **Table 1.**

The Probation Supervisor/Preceptor will be available to the resident to provide advice and guidance with meeting the Probation goals and objectives/Competencies.

Specifically, the Residency Program Director and the Probation Supervisor/Preceptor will assist the resident in meeting the goals and objectives of the Probation by providing or by coordinating the resources outlined in **Part A2 – Table 1.**

**Part A2- Table 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CanMEDS**  **Competency/**  **EPA** | **Goals and Objectives/Milestone** | **Learning or**  **Teaching Strategy** | **Assessment of Achievement** | **Date of**  **Assessment** |
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### **5. MONITORING OF EXTENDED PROBATION ROTATION AND RESIDENT ASSESSMENT**

The Resident will meet with the Probation Supervisor/Preceptor at Click here to enter text. intervals to discuss progress, the degree to which the goals of the Probation rotation are being met, and what the Resident needs to do to meet them by the end of the Probation rotation.

The Probation Supervisor/Preceptor will document these meetings on an  **MRA or**  **ITAR**.

(MRA is preferable for most applications, but for probations with a large volume of specific milestones/objectives, it may me more appropriate to design an ITAR to be done ad hoc for these meetings)

The Probation Supervisor/Preceptor will complete and sign the Final Assessment (Part B) to attest to the level of performance of the resident at the end of the remedial period.

The Resident will participate in any examinations and/or assessment strategies outlined in **Part A2 -** **Table 1.**

### **6. EXPECTED OUTCOMES OF THE EXTENDED PROBATION ROTATION**

When the resident has completed the Extended Probation, the Probation Program Director, in consultation with the Residency Program Committee, will recommend one of the following outcomes to the Associate Dean, PGME, based on the resident’s performance and the extent to which the goals of the Probation rotation were met by the resident:

***Time Based Programs***

* PASS - return to regularly scheduled Program. The success of the Probation will be considered to result in a pass on the original failed rotation/other element (if any). The time spent in Probation will not count toward the fulfillment of the requirements of training, and End of Training will be adjusted accordingly

If the Resident does not pass:

* Extension of the Probation, the specific time frame and additional goals of which will be detailed in an additional Probation Agreement Part A2 – Extended Probation Documentation
* Probation
* Dismissal from the Residency Program

***CBD/CCC Programs***

* Resident is “progressing as expected” and returns to regularly scheduled Program
* Resident is “not progressing as expected” and requires further Probation
* Resident has demonstrated “failure to progress” and requires one of the following:
  + Further Probation
  + Dismissal/Withdrawal from the Residency Program

*After completion of all applicable fields in the Probation Agreement – Part A2, please print the entire document and have the Resident, Probation Supervisor/Preceptor and Residency Program Director sign (Section 7 – Signatures).*

*Please send the entire* ***Original Probation Agreement including Part A & Part A2*** *to the PGME Office for review by the Associate Dean – PGME & Chair – PGME-CESaR:*

*Associate Dean – PGME & Chair, PGME-CESaR*

*C/O CESaR Administrator*

*Educational Programs Office*

*260 Brodie Centre – 727 McDermot Avenue*

*Winnipeg, Manitoba R3E 3P5*

## **7. SIGNATURES**

By signing this document, the resident indicates that they have met with the Residency Program Director to discuss the final outcome of the Probation rotation and have reviewed this document. This does not preclude the resident from pursuing an appeal of the decision. A copy of this Agreement will be sent to the Associate Dean, PGME.

**Counterparts Execution & Delivery:** This Agreement may be executed in one or more counterparts, each of which shall constitute an original, and all of which when taken together shall constitute one and the same Agreement. The Parties agree that a facsimile signature or an electronic signature of this Agreement shall be deemed a valid and binding execution of this Agreement.

*Signature of the Resident Date*

*Signature of the Probation Supervisor/Preceptor Date*

*Signature of the Residency Program Director Date*

*Signature of the Chair, PGME-CESaR Date*

*Signature of the Associate Dean, PGME Date*

## **RESIDENT COMMENTS:**